

<b>Case Number:</b>	CM15-0070216		
<b>Date Assigned:</b>	04/20/2015	<b>Date of Injury:</b>	10/20/2012
<b>Decision Date:</b>	05/18/2015	<b>UR Denial Date:</b>	04/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Oriental Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 62-year-old woman sustained an industrial injury on 10/20/2012. The mechanism of injury is not detailed. Diagnoses include chronic lumbar pain with disc bulges, chronic bilateral lower extremity radicular symptoms, and insomnia. Treatment has included oral medications and acupuncture. Physician notes on a PR-2 dated 1/23/2015 show increased low back pain since acupuncture was discontinued. Recommendations include Tylenol with Codeine, continue yoga class, and acupuncture.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Acupuncture for the lumbar spine, QTY: 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The current guidelines note that the amount of acupuncture to produce functional improvement is 3 to 6 treatments. The same guidelines could support additional care based on the functional improvement(s) obtained/documentated with previous care. After an

unknown number of acupuncture sessions rendered in the past (reported benefits: medication intake reduction, symptom improvement), additional acupuncture was requested. The patient condition at the time of the request was continued symptoms, which flared up due to the discontinuation of acupuncture" (only temporary relief was obtained with acupuncture care). Firstly, the request is for acupuncture twice a month for 3 months, care that is seen as maintenance in nature, consequently not supported for medical necessity by current guidelines. Secondly, although the provider indicated that acupuncture helped reduce the medication use, the patient continued taking Soma (Carisoprodol) and Tylenol #3 (codeine) while she was receiving the acupuncture care without any significant changes in medication intake that were documented. Thirdly, the provider indicated that through the acupuncture use, function was improved, but no specifics were documented. Therefore, and based on the previously mentioned, the additional acupuncture is not medically necessary.